

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | RH | 59 | 6/15 |
| O.I.P.E. CLASSIFIER | | 86 | 7/31 |
| FORMALITY REVIEW | H-S | 56114 | 08-20-01 |
| RESPONSE FORMALITY REVIEW | CC | | 10-25-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 - Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | 9/12/01 | |
| 2 | ✓ | 11/2/01 | |
| 3 | ✓ | 11/15/01 | |
| 4 | ✓ | 11/15/01 | |
| 5 | ✓ | 11/15/01 | |
| 6 | ✓ | 11/15/01 | |
| 7 | ✓ | 11/15/01 | |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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10/20/01
10-25-01
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